

Director's Signature: \_\_\_\_\_

Time Log/Program / Area: Drug Analysis Lab

Employee signatures on this time sheet certify the employee has performed the work associated with the account(s) listed.”

Week Ending: \_\_\_\_\_

Employee Name:		Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<b>James Hanchett</b> 	Day: In – Out							
	Lunch: Out – In							
	Outside Duty: From – To							
Employee Signature								
Document exceptions or comments, indicate type and amount.								
	Day: In – Out							
	Lunch: Out – In							
	Outside Duty: From – To							
Employee Signature								
Document exceptions or comments, indicate type and amount.								
	Day: In – Out							
	Lunch: Out – In							
	Outside Duty: From – To							
Employee Signature								
Document exceptions or comments, indicate type and amount.								
	Day: In – Out							
	Lunch: Out – In							
	Outside Duty: From – To							
Employee Signature								
Document exceptions or comments, indicate type and amount.								